

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000009701

**Entity Name:** VILLA LUCCA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1025, 1027, 1037, 1045 MICHIGAN AVENUE  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

C/O AMERICAN PROPERTY MANGEMENT SPECIALIST  
PO BOX 191042  
MIAMI BEACH, FL 33119

**FEI Number:** 20-0396175

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

AMERICAN PROPERTY MANGEMENT SPECIALISTS  
1370 WASHINGTON AVENUE  
SUITE 203  
MIAMI BEACH, FL 33139 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR, TREASURER  
Name PINTER, SHARON  
Address 1037 MICHIGAN AVENUE  
City-State-Zip: MIAMI BEACH FL 33139

Title PD  
Name BAHADORAN, SINA  
Address 1025 MICHIGAN AVE #5  
City-State-Zip: MIAMI BEACH FL 33139

Title LCAM  
Name C MANGOLD, KRISTINA  
Address PO BOX 191042  
City-State-Zip: MIAMI BEACH FL 33119

Title VP, SECRETARY, DIRECTOR  
Name REBOUL, JEAN- CLAUDE  
Address 1027 MICHIGAN AVE.  
City-State-Zip: MIAMI BEACH FL 33139

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KRISTINA C MANGOLD

LCAM

05/01/2015

Electronic Signature of Signing Officer/Director Detail

Date